MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044928 STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 243

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

AMENDED — DATE AMENDED

FILED NOV 2 1 1963

ITEM NO.	
1	0817
2	0810
3	2
4	1
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12	86-0
13	10

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — SHOULD READ — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON — MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN: Rolla   Length of stay in 1b: 5 mo.
c. FULL NAME OF HOSPITAL OR INSTITUTION: McFarland Rest Home   Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE
a. STATE: Mo.   b. COUNTY: Phelps
c. CITY OR TOWN: St. James   Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS: Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print)
First: Reva   Middle: Last: Hodge

4. DATE OF DEATH: Month 11 - Day 13 - Year '63

5. SEX: Female   **6. COLOR OR RACE**: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 10-25-1881   **9. AGE**: 82

10a. USUAL OCCUPATION: Retired House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE: State of Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Wm Pitts
13b. MOTHER'S MAIDEN NAME: Kathryn Scott
14. NAME OF HUSBAND OR WIFE: John F. Hodge

15. WAS DECEASED EVER IN U.S. ARMED FORCES?: No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Ralph Meyers - Newburg, Mo.

18. CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hypostatic pneumonia   Interval: 4 days
DUE TO (b): "Stroke"   2 wks.
DUE TO (c): Far advanced arterio-sclerosis   yes

PART II. OTHER SIGNIFICANT CONDITIONS:

PART III. If deceased was female was there a pregnancy in last 90 days: ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?: YES ☐ NO ☑
20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED:
20c. TIME OF INJURY:
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY:
20f. CITY, TOWN, OR LOCATION   COUNTY   STATE

21. I attended the deceased from 7/9/63 to 11/13/63 and last saw her alive on 11/11/63 m on the date stated above, and to the best of my knowledge, from the causes stated.
Death occurred at

22a. SIGNATURE: James M. Meyers M.D. (Degree or title)
22b. ADDRESS: Rolla, Mo.
22c. DATE SIGNED: 11/15/63

23a. BURIAL, CREMATION, REMOVAL: Burial   **23b. DATE**: 11-15-63
23c. NAME OF CEMETERY OR CREMATORY: Masonic Cem.
23d. LOCATION: St. James, Mo.
24. FUNERAL DIRECTOR: Oral E. Lichlider - St. James, Mo.
25. DATE RECD. BY LOCAL REG.: Nov. 15, 1963
26. REGISTRAR'S SIGNATURE: Nadine L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by_____ _~ML~_ _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed_ _Orrie E Licklider_ _____
　　　　　Signature of Student Embalmer

　　　　　　　　　　　　　　　　　　　　Licensed Embalmer No._3546_

　　　　　　　　　　　　　　　　　　　　P. O. Address_St James_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
　　If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
　　If this body is not embalmed, fact should be so stated above.